


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000048121 1. Entity Name AILEMAC, INC.	
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Principal Place of Business 1697 MONASTERY ROAD ORANGE CITY, FL 32763	Mailing Address 1697 MONASTERY ROAD ORANGE CITY, FL 32763
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01262008 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3701074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CROSS, CARL W 1697 MONASTERY ROAD ORANGE CITY, FL 32763
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1100000447050
03/06/06-80037-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, CARL W 1697 MONASTERY RD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROSS, JOANNE E 1658 MONASTERY RD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSS, JEFFREY S 1697 MONASTERY RD ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSS, GREGORY E 11720 BRIGGS CT FAIRFAX, VA 22030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joanne E. Cross Secy / Treas.* **2-20-06 386775-7617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #